12-6-01

0/SB/21 (6-98)

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COT 0 9 2001	Under the Paperwork Reduction Act of 1995, no personal valid OMB control number.	Application Number	09/653,149	
A MADEMATA	TRANSMITTAL	Filing Date	August 31, 2000	
	FORM	First Named Inventor	Garo J. Derderian	
	(to be used for all correspondence after initial filing)	Group Art Unit	2818	
		Examiner Name	T. Lee	
	Total Number of Pages in This Submission	Attorney Docket Number	MI22-1330	
	ENCLO	(y)		
		ment Papers Application)	After Allowance Communication to Group	
	X Fee Attached Drawin	ng(s)	Appeal Communication to Board of Appeals and Interferences	
	X Amendment / Response Licens	ing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	After Final Petition and Ar	n Routing Slip (PTO/SB/69) companying Petition	Proprietary Information	
		n to Convert to a onal Application	Status Letter	
	Extension of Time Request Power Chang Address	of Attorney, Revocation e of Correspondence ss	Additional Endosure(s) (please identify below):	
	Express Abandonment Request	nal Disclaimer	Return Postcard PTO-1449	
	X Information Disclosure Statement	Entity Statement est for Refund	Cited References A \$180.00 check	
	Certified Copy of Priority Document(s) Remarks			
	Response to Missing Parts/ Incomplete Application The Commis	The Commissioner is hereby authorized to charge any additional fees		
•	Response to Missing required under 37 C.F.R. § 1.16 and § 1.17 and credit any overpayment to account no. 23-0925.			
	Parts under 37 CFR 1.52 or 1.53			
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name James E. Lake; Reg. No. 44,854; Wells St. John, P.S.			
	Signature In The			
	Date 08 Oct 2001			

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TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known				
Application Number	09/653,149			
Filing Date	August 31, 2000			
First Named Inventor	Garo J. Derderian			
Examiner Name	T. Le			
Group / Art Unit	2818			
Attorney Docket No.	MI22-1330	J		

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Deposit	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Fee Code (\$) Code (\$)	Fee Paid				
Account Number 23-0925	105 130 205 65 Surcharge - late filing fee or oath	0.00				
Deposit Account Wells St. John P.S.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	0.00				
Account Name Wells St. John, P.S.	139 130 139 130 Non-English specification	0.00				
Charge Any Additional Fee Required	147 2,520 147 2,520 For filing a request for reexamination	0.00				
2. X Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action	0.00				
Z Check Order Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	0.00				
FEE CALCULATION	115 110 2*5 55 Extension for reply within first month	0.00				
	116 380 216 190 Extension for reply within second month	0.00				
1. BASIC FILING FEE Large Entity Small Entity	117 870 217 435 Extension for reply within third month	0.00				
Fee Fee Fee Fee Fee Description	118 1,360 218 680 Extension for reply within fourth month	0.00				
Code (\$) Code (\$) Fee Paid	128 1 850 328 925 Extension for reply within fifth month	0.00				
101 690 201 345 Utility filing fee (0.00)	119 300 219 150 Notice of Appeal	0.00				
106 310 206 155 Design filing fee	120 300 220 150 Filing a brief in support of an appeal	0.00				
107 480 207 240 Plant filing fee	121 260 221 130 Request for oral hearing	0.00				
108 690 208 345 Reissue filing fee 114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	0.00				
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable	0.00				
SUBTOTAL (1) (\$) (),()()	141 1,210 241 605 Petition to revive - unintentional	0.00				
2. EXTRA CLAIM FEES Fee from	142 1,210 242 605 Utility issue fee (or reissue)	0.00				
Ext <u>ra Claims below Fee Paid</u>	143 430 243 215 Design issue fee	0.00				
Total Claims 0 -20** = 0 × = 0	144 580 244 290 Plant issue fee	0.00				
Independent () - 3** = () × = ()	122 130 122 130 Petitions to the Commissioner	0.00				
Multiple Dependent =[0]	123 50 123 50 Petitions related to provisional applications	0.00				
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126 240 126 240 Submission of Information Disclosure Stmt	180.00				
Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)	0.00				
103 18 203 9 Claims in excess of 20	146 690 246 345 Filing a submission after final rejection	0.00				
102 78 202 39 Independent claims in excess of 3	(37 CFR § 1 129(a)) 149 690 249 345 For each additional invention to be	0.00				
104 260 204 130 Multiple dependent claim, if not paid	149 690 249 345 For each additional invention to be examined (37 CFR § 1 129(b))	0.00				
109 78 209 39 **Reissue independent claims over original patent	Other fee (specify)	0.00				
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other fee (specify)	0.00				
SUBTOTAL (2) (\$) 0.00 • Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 180.00						
SUBMITTED BY Complete (if applicable)						

Name (Print/Type 44,854 Telephone US-509-624-4276 James E (Attorney/Agent) Date Signature

Registration No

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